SUBMIT: COMPLETED APP STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

No. Permit #: Amount Paid:

工,农

Refund: \$175.14 \$178.14 3-6-14

3023

5 INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 义Non-Shoreland Rec'd for Issuance Existing Structure: Proposed Construc S of Completion
\* include TYPE OF PERMIT REQUESTED—▶ ☐ Shoreland Residential Use Authorized Agent: Address of Prop Value at Time Sir Sir Sir donated time & Secretarial Staff )ebolah PROJECT LOCATION Commercial Use Municipal Use Proposed Use NW1/4, Section المبسبإ CT? Construction: 名 を す を 子 で 9 1 5 Run a Business on (What Legal Description: (If permit being applied for is relevant to it) ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.--continue New Construction

Addition/Alteration ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain? If yes---continue --> Property Conversion
Relocate (existing bldg) , Township (Mcluding any accompanying information and accuracy of all information I (we) am Project THREE ento maternie Ż applying for) Other: (explain) Special Use: (explain) (1055 ☐ LAND USE Conditional Use: (explain) Mobile Home (manufactured date) Residence œ ⊤ Accessory Building Addition/Alteration Accessory Building Addition/Alteration (specify) **Bunkhouse** w/ ( $\square$  sanitary, or  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) Principal Structure (first structure on property) tion on behalf of Owner(s)) FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) acknowledge that I (we) y accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) y of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administrating county ordinances to have access to the (Use Tax Statement) Gov't Lot N, Range (i.e. cabin, hunting shack, etc. with Loft and/or basement with a Porch with (2<sup>nd</sup>) Porch with Attached Garage with (2<sup>nd</sup>) Deck with a Deck Basement No Basement Foundation 1-Story # of Stories 1-Story + Loft Lot(s) SANITARY PRIN (specify) Contractor Phone: PIN: (23 04- **9**3 City/State/Z ٤ Agent Phone: 036-3-48-09-19-Proposed Structure Length: Length: diZ/ Year Round PRIVY Town of: <u>√</u> Use TOWA 100 (specify) 54800 Plumber: HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldco Agent Mailing Address (include City/State/Zip): CONDITIONAL USE EXTEMSION 400 Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms None w 2 **앜** # Lot(s) No. Good-wo-for City/State/Zip: WAPPITO! Width: Width: None Block(s) No. Portable (w/service contract)
Compost Toilet Sanitary (Exists) Specify Type:

Privy (Pit) or | Vaulted (min 200 gallon) (New) Municipal/City Sanitary SPECIAL USE Sewer/Sanitary System HOSE PONGUEV Is on the property? Recorded Document: (i.e. Property O What Type of Specify Type Date **Dimensions** Is Property in Floodplain Zone?  $\times |\times| \times |\times| \times$  $\times | \times | \times$  $\times$  $\times$ ×I× Height: X N N 394-3676 Cell Phone: Plumber Phone Written Authorization Page(s) 5/7 unty.org/zoning/asp) OTHER X<sub>No</sub> Are Wetlands Footage Square Present? 0 \_ **Z** Water City

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

1809

Authorized Agent:

(If you are signing on behalf of the owner

(s) a letter of

authorization must accompany this application)

Date

)UPPI

Owner(s):

a e

rs listed on

the Deed All Ow

sign or letter(s)

must accompany this application)

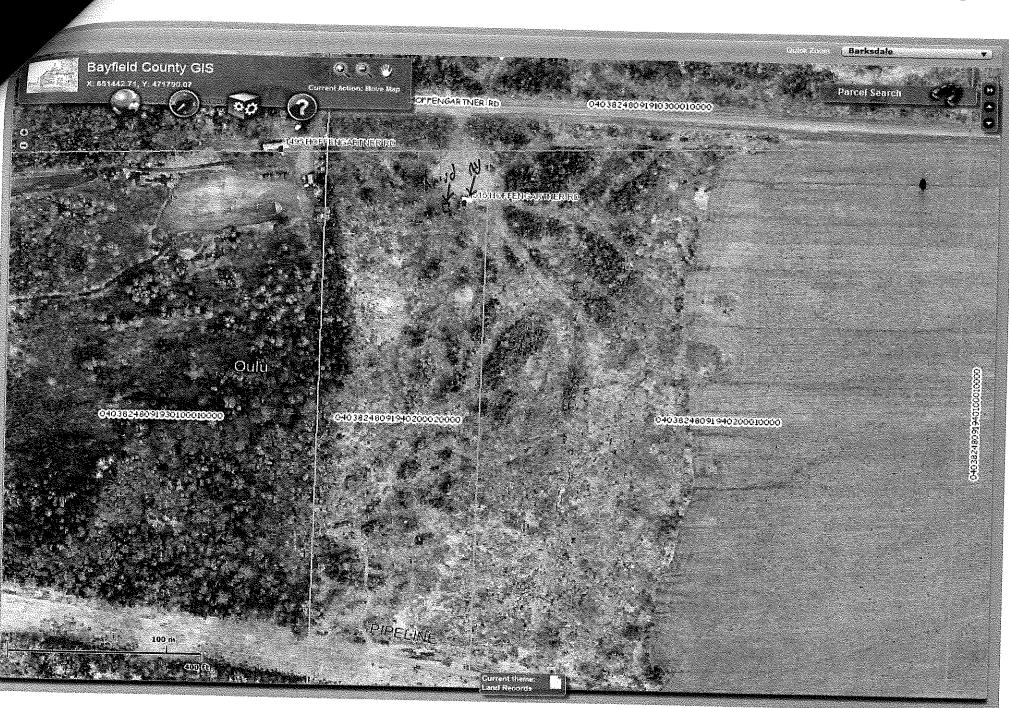
ased the property

Attach
Copy of Tax State
property send your

ement V

Signature of Inspector: Muddle of Manager of	Granted by Variance (B.O.A.)  Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record:  Inspection Record:  MALL AMOUNT AND MALL SAMENTS.  Date of Inspection:  Condition(s):Town, Committee or Board Conditions Attached 19 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	(9) Stake or Mark Proposed Location(s) of New NoTICE: All Land Use Permits Expire C NOTICE: All Land Use Permits Expire C For The Construction Of New One & Two Famil The local Town, Villag Issuance Information (County Use Only)  Permit Denied (Date):  Permit #: 14 007  Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Structure Non-Conforming Yes (Fused/Contiguous Lot(s))  Is Structure Non-Conforming Yes	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)  Description  Description  Description  Description  Setback from the Centerline of Platted Road  Setback from the Established Right-of-Way  Setback from the South Lot Line  Setback from the West Lot Line  Setback from the West Lot Line  Setback from the West Lot Line  Setback to Septic Tank or Holding Tank  Setback from the Seath Lot Line  Setback from the Seath Lot Line  Setback to Septic Tank or Holding Tank  Setback from the Seath Lot Line  Setback from the Seath Lo	(3) Show Location of (*): (*) Drivewa (4) Show: All Existing (5) Show: (*) Well (\(\frac{\psi}{\psi}\) Lake; (*) (7) Show any (*): (*) Wetlan(*)
HI No they need to be attached.)  being moved lastly  affidavit: * Orivy   Hold For Fees:	Previously Granted by Variance (B.O.A.)  Ores More Property Lines Represented by Owner  Were Property Lines Represented by Owner  Was Property Surveyed  His No they need to be attached.)  Lastly  Case #	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Number: Thus County Use Only)  Permit Date:  Standard Lot  Yes  (Permit Date: Suno Affidavit Required Permit Date: Suno Affidavit Attachee)  Ano Mitigation Attached  Yes  Affidavit Attachee	point)  Measurement  Measurement  Measurement  Measurement  Setback from Middler's expense.  Setback from Setback to We Feet Setback from Whidler's expense.	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Approval: _///	: □ Yes □ LAKerousa □ No □ Yes □ LAKerousa □ No □ Onling District □ ( A - l ) Lakes Classification □ ( NA ) Date of Re-Inspection:	Ik (HT), Privy (P), and Well (W).  not begun.  rm Dwelling Code.  Sanitary Date:  Affidavit Required  Affidavit Attached    Pes KNo	Changes in plans must be approved by the Planning & Zoning Dept:  Changes in plans must be approved by the Planning & Zoning Dept:  Changes in plans must be approved by the Planning & Zoning Dept:  Changes in plans must be approved by the Planning & Zoning Dept:  Measurement  The Lake (ordinary high-water mark)  Description  Measurement  Feet  The Bank or Bluff  Feet  The Bank or Bluff  Feet  Toodplain  Ill  Feet  The setback must be measured must be visible from one previously surveyed corner to the back, the boundary line from which the setback must be measured must be visible from the trouture, or must be	(*) Privy (P)

flow. Draw or Sketch your Property (regardless of what you are applying for)



Viewer